Frederick County Department of Housing and Community Development

5340 Spectrum Drive, Suite A Frederick, MD 21703 www.FrederickCountyMD.gov/housing





FREDERICK COUNTY HOUSING INITIATIVE FUND DEFERRED LOAN PROGRAM APPLICATION

Applications are accepted based on funding availability. For further information, contact Susan Brown at:

Submit application to:

Frederick County Department of Housing and Community Development 401 Sagner Avenue Frederick, Maryland 21701 ATTN: Susan Brown, Director

SBrown@frederickcountmd.gov

(301) 600-3530

www.FrederickCountyMD.gov

SUMMARY INSTRUCTIONS

APPLICATION COMPLETION

- Review the DLP Program Description and Associated Scoring Matrix for detailed program information and project priority areas.
- The application must be filled out completely in accordance with the application instructions and all attachments must be current. Label all attachments as they appear on the application checklist (i.e. A.1, A.2, etc.).
- Supply an accurate and up to date timeline from project beginning to end.
- Complete the Project Budget making sure to total across and down and confirming accuracy of totals. Write the budget narrative to back up the Project Budget in the same order as the budget line items.
- Complete the Leveraging Table (B-3). Do not check that funds are "committed" unless a commitment letter is attached. If no commitment letter is available, please explain and/or provide other documentation such as a copy of the application for state or federal funding.
- If you are or plan to apply for state funding, please provide a copy of your 202 submission application.
- Provide copies of all commitment letters from financial, philanthropic or funder institutions.
- Provide evidence of commitment for long-term use of affordable housing (i.e. deed restriction or covenants that will be part of public funding).
- Provide documentation of compliance with applicable county, municipality, land use, zoning and adequate public facilities ordinance requirements.
- Digital pictures or site plans are required with each application. Upon completion, digital pictures of completed project are required.

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APPLICANT INFORMATION:

1.	Applicant Name:
2.	Address:
3.	Executive Director:
4.	Contact Name:
5.	Contact Phone and Fax:
6.	Contact Email:
7.	Organization Type: Non-Profit or Not for Profit Government Agency Public Housing Authority Profit motivated entity actively involved in developmen of affordable housing
8.	Project Name:
9.	Project Address or Location:
10	. Project Type: New Construction Acquisition Rehabilitation Preservation
11	. Type of Completed Project:
12	. Total Number of Units in Project:
	Affordable Units: Market Rate Units:
13	. Clients Served (check all that apply): ☐ Below 30% AMI ☐ Below 50% AMI ☐ Below 60% AMI ☐ Persons with Disabilities ☐ Veterans ☐ Persons Aged 55+
14	. Brief Project Summary:

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15.			Deferred Loan Program (DLP) funding requested; Proposed Terms of PILOT (if applicable); and Value of Impact Fee waivers sought (if applicable): DLP:
			PILOT: Impact Fee Waivers:
A.	PR	OJEC	T DESCRIPTION
	1.	Project descrip	narrative – Fully describe your project and attach as Attachment A.1 . Please the following in your tion:
		a.	How the project will serve eligible households.
			Public benefits and resident support structures (include full tenant service plan if available).
		c.	Provide evidence that project meets one or more of the program objectives per the DLP Program Description.
		d.	Provide a description of building characteristics including LEED Certification and the total number of accessible units (504).
		e.	Describe how the project exhibits innovation in design, community impact, resident engagement and/or construction methods.
	2.		t status of project: Site owned? \(\sigma\) Yes \(\sigma\) No
			If yes, date of acquisition.
			If no, anticipated settlement date. ttach site control document. (Attachment A.2))
		,	If new construction, has construction begun? \square Yes \square No \square N/A
			or a new construction project attach a copy of the site plan and/or architectural drawings. For a
			abilitation project attach before photographs. (Attachment A.3))
		d.	Provide documentation of compliance with applicable county, municipality, land use, zoning and adequate public facilities ordinance requirement. (Attachment A.4)
	3.	develop supervi	timeline – Provide a realistic timeline to reach completion of the project. List activities involved in bing and implementing the proposed project (i.e., site acquisition, construction schedule, obtaining permits, sion of rehab or construction, acquisition of materials, the qualifying of eligible applicants, the sale of
			ped lots, etc.). Please include any anticipated barriers or horizon issues that could affect the project. Please a table or spreadsheet. (Attachment A.5).
	4.		nce of commitment(s) for long term use as affordable housing per DLP Program Description num of 30 years); for example, deed restriction, covenants. (Attachment A.6)

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B. PROJECT BUDGET.

1. Budget Summary

ITEMS	DLP	Other Sources	Total Project Budget
		(see #3 below)	3 6
Land Costs			
Permits and Fees			
Construction			
Architect/Design			
Engineering			
Legal			
Materials & Supplies			
Equipment			
Other			
TOTAL			

2. Budget narrative – Write the budget justification in the same order as the line items. Explain fully how each figure was calculated in the budget summary above. (**Attachment B.1**)

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3. Leveraging- In accordance with the DLP Program Description, the project must leverage non-DLP funding and in-kind sources (i.e., donated labor or material). Please provide commitment letters for funding and fair market value commitment of in-kind sources. For uncommitted funding, please provide any applications for other funding source (i.e. state, federal, or foundation grant/loan) or in-kind source. (Attachment B.2)

#	Other Sources	Amount	Committed?	If no, anticipated date of award
a			☐ Yes ☐ No	date of award
b			☐ Yes ☐ No	
С			☐ Yes ☐ No	
d			☐ Yes ☐ No	
e			☐ Yes ☐ No	
f			☐ Yes ☐ No	
g			☐ Yes ☐ No	
	Attach additional sheet(s) if necessary	<u> </u>	I	1
C. OR	Calculate the ratio of leveraged funds Calculate the per affordable unit DLP RGANIZATIONAL DOCUMENTS (i	investment requested:	not re-submit)	
	Indicate applicant entity's legal status ☐ Corporation ☐ Limi ☐ Limited Partnership ☐ Other	•	,	
2.	Provide organizational documents:	les of Incorporation		
3.	Provide evidence of experience with s Evidence of 3+ existing dev Evidence of 1 development A narrative description of re	velopments and at least \$3 with the same or more u	500,000 in liquid as nits as the proposed	d project; or

D. AUTHORIZATION/RELEASE/CERTIFICATIONS

To the best of my knowledge and belief, all information and data in this application and attachments are true and correct. No material has been omitted, including financial information. If funded, I certify that the applicant is willing and able to adhere to policies and procedures specified by the Department of Housing and Community Development (DHCD). Further, I understand that this is not an agreement for grant funding and

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cannot encumber funds until DHCD issues a commitment letter and/or the individual authorized to execute agreements on behalf of the applicant has signed the agreement.

I authorize DHCD to request information from entities identified in this application and attachments, and I authorize those entities to provide information to DHCD to facilitate verification of information related to this application. I am aware that any misrepresentation will result in the forfeiture of my right to be eligible for the DLP and possible legal action.

Availability of this information for public inspection is governed by the provisions of the Maryland Public Information Act, State Government Article, Sections 10-611 et. seq. of the Annotated Code of Maryland. This information will be disclosed to appropriate staff of DHCD, and participating mortgage lenders (if applicable), for purposes directly connected with administration of the loan and the loan program. Such information is not routinely shared with state, federal or local government agencies, but would be made available to the extent consistent with the Maryland Public Information Act. You have the right to inspect, amend or correct personal records in accordance with the Maryland Public Information Act.

Certifications

Date

1.	This is to certify that the project will serve households Income.	s earning 60% or less of the HUD Area Median		
2.	This is to certify that the project will comply with County, municipality, land use, zoning, and Adequate Public Facilities Ordinance requirements (as applicable).			
3.	This project is a portion of a larger undertaking: Yes	s 🗆 No		
 (This is to certify that if this project is a portion of a larger undertaking, the applicant residents equal access to all amenities and common areas within the larger undertakenthe project must have amenities that are comparable to those in the unit(s) available undertaking.) Initial if your organizational documents (see Section D.) are on record from changes have been made. 		as within the larger undertaking. In addition, units in those in the unit(s) available in the rest of the		
		Authorized Signature (sign in blue ink)		
Witness/Attest		Type Authorized Signature		
Гуре Name		Title		

Date

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ATTACHMENT CHECKLIST

☐ A.I: Project Narrative
☐ A.2: Site Control Documents
☐ A.3: Site Plan, Architectural Drawings, and/or Before Photos
☐ A.4: Documentation of Compliance with County, Municipality, Land Use, Zoning and Adequate Public
Facilities Ordinance Requirements (as applicable)
☐ A.5: Project Timeline
☐ A.6: Evidence of Commitment(s) for Long-Term Use as Affordable Housing
□ B.1: Budget Summary
☐ B.2: Budget Narrative
☐ B.3: Leveraging